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Open Door Forum—Richard Lawlor

The Open Door Forum is a program where CMS has the opportunity to share its current thinking on policies that relate to providers or beneficiaries in all of our service settings be they hospitals or skilled nursing facilities or even home health agencies to give the providers who run these individual services for our beneficiaries a chance to one-on-one explain their burdens and practices that are taking place where we may need to make changes in our programs.

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The Open Door Forums filled a niche that was needed over the long term to have an ongoing discussion to answer policy related questions before rules were actually being crafted. We have points of contact from all the regional offices on the calls. And when individual issues crop up, they're listening in as well and they have open microphones to jump in on the call and provide folks with the contact at the local level so that they don't have to try to work through central office on an issue that might be national in scale.

Another benefit for CMS and for, many times our providers, is taking the open door forums on the road and holding them or hosting them with national associations or at large provider settings where we have a lot of need to communicate our instructions and our policies on a regular basis.

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One of the important key aspects of what we do behind the scenes is try to get the follow-up answers that are related to issues in the health care marketplace that really are evolving and need some meeting time and discussion either in the regional sense or in the national sense.

We'll bring those back to the call the following month or at the following call as soon as we have the answer. One fortunate thing that the open door forums are supported by is a very obvious presence on the CMS web site homepage. By linking there we have explanatory language on how people can get regular e-mail notifications of the upcoming forums and in many cases offer them agenda topics that we plan to discuss on those ahead of time so that they can also prepare for these.

It's easier to understand how we would want to answer questions on our policies and instructions with our provider community but there are a few open doors that are specifically focused on the beneficiaries where we want them to participate on the call too. Three of those in particular are our beneficiaries with disabilities forum, our low income health access forum and our diversity open door forum.

In all of those we particularly want to try get a lot of our input on the questions that we also want answered right from the folks that we serve in our programs not just those who provide the services.

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Valerie Hart MLN/Medlearn/Medlearn Matters/Provider Partnership

CMS recognizes the extremely important role that providers play in delivering quality health care to the Medicare beneficiaries. Therefore, we are continually striving to deliver the most timely, accurate, and consistent information to the provider community that we can, and we do that through a number of information delivery systems.

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The success of getting information out to the Medicare provider community comes from a three-tiered approach that we use, the first tier being the Medicare contractors. They're the ones that are going to be processing the bills, and answering provider inquiries through their toll-free call centers.

They're also the ones that are going to be conducting the in-person educational seminars and helping those providers that are just newly enrolled in the Medicare program. The second tier that we use, are the CMS regional offices. They will generally get involved with outreach activities that are at the state level such as the state medical societies, state chapters of national associations, and other associations like that.

The CMS central office role, which is the third tier in this three tier approach, is focused more on the consistency and timeliness of information we distribute on a national basis.

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We recognize that Medicare providers are often faced with uncertainty when it comes to keeping up with changes in Medicare policy. While new and revised policies are communicated through different media and by various entities, it's still hard for providers to determine, "How does this apply to me?" "What do I need to do as a result of this new or revised policy?" CMS has taken various steps to assist providers in answering these questions, including the development of provider-specific web pages on the CMS web site. These web pages make it easier for Medicare providers to find all of the Medicare information related to their particular business.

The CMS web site also provides access to educational information developed under the Medicare Learning Network. The Medicare Learning Network is the brand name for official CMS national provider education products. The Network was designed to promote national consistency of Medicare provider information developed for CMS initiatives, and uses a variety of mechanisms, such as the Internet, "Medlearn Matters" national articles, brochures, fact sheets, web-based training courses (many of which provide continuing education credits), and videos, to deliver a coordinated educational program to Medicare providers. The Network uses these different mechanisms to provide educational opportunities that accommodate the health care professional's busy schedule, with the least amount of disruption to normal business functioning. Our goal is to provide them with timely, easy-to-understand educational materials to assist them in implementing new or revised Medicare Program requirements.

The Medlearn Web Page houses the products, services, and activities developed under the Medicare Learning Network. It is located at www.cms.hhs.gov/medlearn. The latest product that we have available, and one of our most popular products, is the Medlearn Matters national articles.

These articles are generally based on instructions that are issued from CMS and put into plain language for the provider community. The articles explain what those instructions mean to the provider community and what providers need to do as a result of those instructions. For the Medlearn Matters national articles, there's a listserv that providers can join that will let them know when a new article has been posted so that they can go right there and get the latest on CMS information.

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The Medlearn web page also provides links to other useful pages on the CMS website, such as provider specific pages, Medicare contractor toll free numbers, and the CMS online manual system. We continually update the page so be sure to check back often to get the latest information and education products available.

We have found that one of the best ways to get our information out to the appropriate provider audience is to work with the national provider associations. Through informal provider partnerships with these associations, we have developed a sturdy network that helps us disseminate information of interest to association members. We also attend their national conventions to distribute pertinent information to them.

We look at this as one of our key dissemination methods and then, in return, associations give us feedback from their members as far as whether they need additional education on a particular topic or would like to see a new web based training course--things like that.

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The feedback we receive is extremely valuable. The feedback that we get is that these initiatives are working, that providers really do feel that they have more access to CMS and to its employees to talk about the problems that they're experiencing and work together on ways that we can resolve those problems.

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Alexis Christian/PCOM

The purpose of the provider communication department commonly known as PCOM is responsible for educating the providers about the Medicare program. Each contractor has his own set of provider relationship specialists and it's their job to actually go out to the provider community and discuss the Medicare program whether it be concerning policy or perhaps information in terms of claims submission.

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I think over the years the provider community really had some concerns about being able to actually communicate with CMS. They felt that the avenues were somewhat closed although we realized they never were. But I believe that with the open forum, that has really opened a communication between the provider and CMS.

And providers now see CMS along with the contractors, as not so... closed in their thoughts, they're more open in terms of communicating information. So it's a two way street, the providers can speak directly with CMS and CMS can speak directly with the providers.

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There are various ways of receiving information from the Medicare program. You can either contact your local contractor who is responsible for the Medicare program in terms of his policies and guidelines and many of them do have web sites and you can check the web site for the information.

You also can check the CMS web site for information that's available to you. All the contractors do have call centers and at these call centers you have customer service representatives that are there to address your issues and questions eight hours a day, on Monday through Friday.

They have a wealth of information there at their fingertips and we realize it's important to make sure that the provider has the most current and up-to-date information concerning the Medicare program. This is accomplished in many ways. Many times the provider relations representatives will conduct workshops, seminar sessions, where the provider can actually meet with the representative to discuss the issues and policies effecting the Medicare program.

There are other ways also of communicating with the provider community that can be done in terms of list serves. We ask that the providers sign up for the list serve for the current information. The Medicare Newsletter is also published. This is sent out to every provider that we have a provider number under the Medicare program.

It is current information, it's published generally on a quarterly basis, but at times a newsletter published more frequently because perhaps there's a topic that should be communicated to the providers as soon as possible. An example of this would be in terms of flu shots and the immunization program that takes place in the latter part of the year.

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It's important that we educate the providers about the Medicare program, but ultimately it's the patient that's effected by the Medicare program and the more information, the more we can educate the provider in terms of what's available to the patient, the better the patient will come out in all of this. We know that ultimately the patient is the real customer.

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Michael Rapp/PPAC

The Practicing Physicians Advisory Council is composed of all volunteers; none of us are employees of CMS. This is a pure public service or volunteer activity. But we come up with specific recommendations. So there's a lot of discussion, it's quite informative, but the essence of what we do is give formalized recommendations to CMS.

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The agency has opened itself up to a lot of input, it's also much more willing it would seem to adjust its regulations, I think they've both been more communicative and more responsive to the input of physicians. So it's important for CMS which is composed primarily of regulators, bureaucrats if you will, who see things from an important perspective but they don't see the direct impact of some of their regulations. So by this means CMS will get some direct feedback from the grassroots, from where the regulations have their direct impact.

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When we have our meetings we have the individuals who are writing these regulations and they come to our meetings and they testify. And they hear the... expressions of concern from around the table, from practicing physicians, what life is really like, what impact these regulations will have.

And so I'm quite confident that the individuals who are writing these regulations go back to their offices and bear that in mind when they write additional regulations. So I think that's the second although perhaps a lot more subtle, influence that we have. But it's a very important one.

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CMS have made a real effort to have an outreach to the physicians, I think the lines of communication are all there. I believe people just have to take advantage of it and it's important to do that. Probably if you're going to improve the lines of communication, the most important thing to do would be to just explain all of the lines of communication, all of the opportunities for communication that exist and encourage people to take advantage of them.

But in so doing, try to take advantage of them in a constructive way, naturally people are always kind of looking out for themselves, but as I encourage the members of our council to do, there's also a public interest here. Obviously as a physician I would like to have the maximum amount of money that I could possibly make on any particular procedure, that would be my self interest.

But there's a public interest here which is to properly administer and promote the Medicare program to the benefit of the beneficiaries, it's not a program for doctors, it's not a program for hospitals, it's a program for individual senior beneficiaries. And it's always important in communicating with the government about the program to remember that that's what it's about.

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Bill Rogers/PRIT

Well the Physicians Regulatory Issues Team is a team that was originally intended to address the 60 million pages of regulations that CMS had and it has morphed from that into a team which is intended to deal with any kind of regulatory burdens that CMS is imposing on providers.

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PRIT's primary function I think is to advocate for providers and to represent the providers' needs and interests as CMS considers new regulations or as CMS revisits old regulations. And our primary focus is on physician issues and MBs, DOs, but we have podiatry issues, we have nurse practitioner issues, we have nurse anesthesia issues.

So I think we really try to represent all of the providers, all the clinical providers who do business with the Medicare program.

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And the tracking report is a body of the PRIT web site, the current issues section of the tracking report allows providers to see where we are on an issue and how much we've gotten accomplished and make sure that their issues are being pursued aggressively. We have issues having to do with pediatric vaccinations and issues having to do with ordering of electric wheelchairs by physicians.

And all sorts of issues that mainly have to do with regulations that were well-intentioned but ended up being burdensome and difficult for providers to comply with.

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The communications has to be two-way. We won't know about an issue unless providers come to us with the issue but then keeping them updated with what we're doing about the issue and also letting those of them who might not be aware of our existence, know that we're out here and that we're looking for issues and we're looking to help them, is definitely a dialogue and requires a dialogue.

And we're interested in new ideas for ways to reach out to providers. We're constantly finding out about a society that we had not connected with before. We just now have begun to liaison with the Hispanic medical society. And so if there's a society out there that we haven't talked to, we'd like them to contact us and we apologize in advance for not having done it.

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We would very much encourage physicians, PAs, nurse practitioners and podiatrists and any... medical provider who does Medicare business to let us know if they think there's a way that Medicare could work more efficiently. And the easiest way to accomplish that would probably be to send us an e-mail and our e-mail address is PRIT, P-R-I-T at CMS dot H-H-S dot gov.

We make ourselves available to speak to meetings all over the country and that also has been a great source for issues for us and a great opportunity to sort of advertise the PRIT and demonstrate to the providers that CMS is very interested in making CMS a good business partner.

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